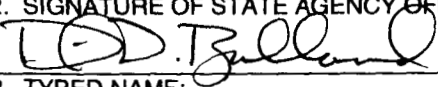
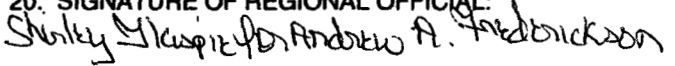


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 04-23	2. STATE: TEXAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: September 1, 2004	
5. TYPE OF PLAN MATERIAL (Circle One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 1902(1)(2) of the Social Security Act		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 04 \$1,829,589 b. FFY 05 \$22,373,405	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT	
10. SUBJECT OF AMENDMENT: This amendment changes the income limit for all pregnant women to 185% of the Federal poverty level.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Sent to Governor's Office. Comments, if any, will be <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL forwarded upon receipt.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: David Balland State Medicaid Director Post Office Box 13247 Austin, Texas 78711	
13. TYPED NAME: David Balland			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: September 29, 2004			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 29 SEPTEMBER 2004		18. DATE APPROVED: 21 DECEMBER 2004	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 SEPTEMBER 2004		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: ANDREW A. FREDRICKSON		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH	
23. REMARKS:			

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment Amounts</u>
--------------------	----------------------	-------------------------	--------------------------------

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective 9/1/2004 based on the following percentage of the official Federal poverty income level – (as revised annually in the Federal Register)

133 percent 185 Percent (no more than 185 percent)
(specify) for all ages

<u>Family Size</u>	<u>Income Level</u>
--------------------	---------------------

SUPERSEDES TN 03-12

STATE <u>Texas</u>	A
DATE REC'D <u>9-29-04</u>	
DATE APPV'D <u>12-21-04</u>	
DATE EFF <u>9-1-04</u>	
HCFA 179 <u>04-23</u>	

TN No. 04-23
Supersedes
TN No. 03-12

Approval Date 12-21-04

Effective Date 9-1-04

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 3
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO
FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(1)(A)(ii)(IX) and 1902(l)(2) of the act are as follows:

Based on 185 percent of the official Federal poverty income level (no less than 133 percent and no more than 185 percent) for infants and pregnant women, as revised annually in the Federal Register.

<u>Family size</u>	<u>Income Level</u>
1	\$
2	\$
3	\$
4	\$
5	\$
Per each additional member	\$

STATE <u>Texas</u>	A
DATE REC'D <u>9-29-04</u>	
DATE APPV'D <u>12-21-04</u>	
DATE EFF <u>12-1-04</u>	
HCFA 179 <u>04-23</u>	

TN No. 04-23
Supersedes
TN No. 03-12

Approval Date 12-21-04

Effective Date 9-1-04

HCFA ID: 7985E